

National Marine Mammal Tissue Bank Form

Field ID: _____

Genus species: _____

Sex: Female Male
 Unknown

Total length: _____
Total weight: _____

cm in
 kg lb

Actual Estimated
 Actual Estimated

Age Class:
(choose one)

Adult Subadult Actual
 Pup/calf Yearling Estimated
 Unknown

Age: _____ By whom: _____ Date aged: dd /mm / yy

Method Used: Teeth (GLG's) Baleen Bone Ear Plugs
(choose one) Other: _____

Epiphysis:

Open Closed fused Fused invis

Disposition of specimen: _____
 Photo Slide *(Please attach copy of photo or slide)*

Reproductive condition:

Sexually Mature
 Pregnant
 Lactating

Testis/Ovaries:
(circle one)

Length: _____ Mid-Width: _____ Mid-depth: _____ Weight: _____
Left: _____ cm g
Right: _____ in oz

Fetus length: _____
 cm in

Corpora lutea #: _____ Corpora albicantia #: _____ Corpora hemorrhagicum #: _____

Specify Units of Measurement: cm in

Cetaceans:

Snout to ant. ins. of flipper: _____
Snout to center of genital aperture: _____
Snout to center of anus: _____
Flipper length: _____
Fluke width: _____
Fluke notch to anus: _____
Tooth counts: UL/LL: _____ UR/LR: _____

Girth: _____
Blubber thickness: _____
Axillary: _____
Max: _____
Anal: _____ *(Location)*
Thoracic: _____
Dorsal: _____
Lateral: _____
Ventral: _____

Pinnipeds:

Nose to tail length: _____
Ant. length of foreflipper: _____
Axillary girth: _____
Bacculum length: _____

Ant. length of hind flipper: _____
Blubber thickness over post. end of sternum: _____
Other blubber thickness: _____ *(Location)*

Polar Bears:

Girth of neck of axis: _____ Skull length: _____
Girth of neck at shoulders: _____

Sea Otters:

Snout to angle of mouth: _____
Skull length: _____
Axillary girth: _____

Right forepaw width: _____
Skull width: _____
Tooth Wear: Heavy Med. Light None

Estimate of body fat stores:

	None:	Little:	Average:	Excessive:
Subcutaneous:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groin: _____ cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidneys:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mesenteric:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Field ID Number: _____

Genus species: _____

Was animal necropsied? Yes No

Necropsied by: _____ dd / mm / yy
(Please attach necropsy report) Date

Samples collected:

Histological samples:

Individual/Organization: _____

Final destination: _____

Tissues sampled: Liver Kidney Blubber Stomach Heart Intestine
(Choose all that apply) Lung Pancreas Adrenals Brain Muscle Skin
 Trachea Spleen Thymus Colon Thyroid Esophagus

Other: _____

(Please list)

Lymph Nodes: Submandibular Prescapular Axillary Hilar Mesenteric

Other l.n.: _____

Other samples collected: _____ Type of storage: _____ Where located (Ind./Org.): _____
(Z-frozen, F-formalin, DMSO, ETOH)

Teeth: _____

Genetics (skin): _____

Skull: _____

Reproductive tract: _____

Mammary tissue: _____

Ovaries: _____

Gonads/testes: _____

Parasites: _____

■ *Number of parasites:* 0-20 21-100 101+

■ *List type and location:*

Stomach: _____

■ *List contents if applicable:*

Other contaminant samples: _____

(List tissue type, storage type and where located)

Additional samples: _____

(List tissue type, purpose of collection, storage type and where located)

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Field ID Number: _____

Genus species: _____

Photos taken of animal:

Yes No

Digital Film

If yes, how many? _____

Video taken of animal:

Yes No

(Please send copy with samples for NIST archive)

Disposition: _____

*(primary location
for photos and/or
video)*

General comments: _____

(Field notes)

General appearance of individual: _____

General appearance of organs: _____

NMMTB Protocol: Standard Modified

Please note any modifications:

Form prepared by: _____

Name

Affiliation

**A copy of this form and Level A Data Form
should be shipped with samples to:**

ATTN: Rebecca Pugh
National Institute of Standards and Technology
Hollings Marine Laboratory
331 Fort Johnson Rd
Charleston, SC 29412
(843) 762-8952

NMMTB's Chain of Custody

Field ID Number: _____

Other ID Number: _____

NMMTB Storage ID Numbers: _____

1.	_____ Collector's signature	_____ Method of transfer to processing stage	_____ dd / mm / yy Date
2.	_____ Processor's signature	_____ Method of transfer to shipping stage	_____ dd / mm / yy Date
3.	_____ Shipper to NMMTB's signature	_____ Method of transfer to MESB	_____ dd / mm / yy Date
4.	_____ Receiver's signature		_____ dd / mm / yy Date

Each person in possession of the tissue must sign and date the form.